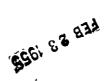
No. 300	FILED SEP	2 1 1954	THE DIVISION OF HE STANDARD CERTIF		State File No	31307						
- O	BIRTH NO		REG. DIST. NO. 238	PRIMARY REG. DIST. NO. 5	823 Registrar's No.	36						
172	a. COUNTY	ADRID		2. USUAL RESIDENCE a. STATE /2///0/S	b. COUNTY	Administration).						
_	b. CITY (If outside corporate limits, write RURA) and give C. LENGTH OF OR township) STAY (in this place) TOWN RURAL - NEW DRID			c. CITY (If outside corporate litt OR TOWN FAST 5	120							
RECORD	d. FULL NAME OF (II HOSPITAL OR INSTITUTION	not in hospital or in	astitution, give street address or losation)	d. STREET (If rear ADDRESS	0, 8							
	3. NAME OF BECEASED (Type or Print)	. (First)	b. (Middle)	C. (Last)	4. DATE (Month) OF DEATH	(Day) (Year)						
NEN		OLOR OR RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years of DECER last birthday) Months	t YEAR F UNDER 24 HRS. Days Hours Min.						
PERMANENT	10a. USUAL OCCUPATION (Give kind of working the during most of working life, even if retired		10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or foreign	, 91	9 12. CITIZEN OF WHAT COUNTRY?						
∢	138. FATHER'S NAME		136. MOTHER'S MAIDEN		AME OF HUSBAND OR WIF							
MAKE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, rive was or dates of service)											
INK	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Disease or condition											
BLACK	the mode of dying, such	ANTECEDENT CA Morbid conditions rise to the above of the underlying cau	na, if any, giving DUE TO (b) My all read death course (a) stating.									
	ease, injury, or complica- tion which caused death.	Conditions contrib	DUE TO (c) FICANT CONDITIONS nating to the death but not se or condition causing death.	al ro a	en my	uano,						
UNFADING			DINGS OF OPERATION	431X	431X 20. AUTOPSY1 YES NO							
USING 1	21a. ACCIDENT (8 SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., ste.)	21c. (CITY, TOWN, OR TOWNS	(STATE)							
	21d. TIME (Month) OF INJURY	(Day) (Year) (HOUT) 218. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJURY OCCUR	Y OCCUR?							
PLAINLY	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at m.; from the causes and on the date stated above.											
	20 SIGNATURE	Spine	the Course		id-mo	23c. DATE SIGNED						
WRITE	24a. BURIAL. CREMA- TION, REMOVAL (Specity)	9 SEPT.	24c. NAME OF CEMETER 54 SANDHILL C.	Y OR CREMATORY 241. LO	CATION (City, town, or coun	(State)						
*	OATE REC'D BY LOCAL SUPT/BY 54 REG.	REGISTRAR'S S	ignature 216-0 well Bales Sr.	Elach a	SIGNATURE A	Moderal M						
	•		(Licensed Embalmer's S	tatement on Reverse Side)	•	•						



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certifi	cate w	as embalm	ed by s	ne, or	by
	Stu	dent	Embalmer	No		

working under my personal supervision.

Student Signed Signed Supervision.

Student Embalmer

Licensed Embalmer No. 286

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.